

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7232

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Dana NICKNAME LAST DeBeauvoir SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2130 Melridge Place Austin, TX 78704		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 447 1565		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Jo Ann NICKNAME LAST Merica SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 400 W. 15th St. #900 Austin TX 78701		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 477-0100		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 7 / 1 / 08 THROUGH 12 / 31 / 08		
11 ELECTION	ELECTION DATE Month Day Year 7 / 2 / 10 ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Travis Co. Clerk	13 OFFICE SOUGHT (if known) Travis Co. Clerk	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME DeBeauvoir 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

☐ additional pages

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME


COMMITTEE CAMPAIGN TREASURER ADDRESS

** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1250.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 497.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Dana DeBeauvoir
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dana DeBeauvoir, this the 15th day of January, 20 10, to certify which, witness my hand and seal of office.

Sharon McKinney Sharon McKinney Adm Asst
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 2

2 FILER NAME

De Beauvoir

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/14/09

5 Full name of contributor ☐ out-of-state PAC (ID#)

Fred E. Davis

7 Amount of contribution (\$)

\$ 50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
8911 N. Capital of Tx Hwy #2120
Austin, Tx 78759

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Att'y / Mediator

10 Employer (See Instructions)

Self

Date

11/16/09

Full name of contributor ☐ out-of-state PAC (ID#)

Susan G. Zachos

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2121 Melridge Place
Austin, Tx 78704

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Att'y

Employer (See Instructions)

Self

Date

11/21/09

Full name of contributor ☐ out-of-state PAC (ID#)

David M. or Salee Davis

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2133 Melridge Place
Austin, Tx 78704

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Att'y

Employer (See Instructions)

Self

Date

11/20/09

Full name of contributor ☐ out-of-state PAC (ID#)

Michael & Katherine Haight

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2124 Melridge Place
Austin, Tx 78704

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Marketing / Att'y

Employer (See Instructions)

Date

11/19/09

Full name of contributor ☐ out-of-state PAC (ID#)

R. Jeff Clarkson

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2123 Melridge Place
Austin, Tx 78704

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Marketing

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

DeBeauvoir

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/22/09

5 Full name of contributor

☐ out-of-state PAC (ID#)

Dr. Robert Michael Patton

6 Contributor address; City; State; Zip Code

2128 Melridge Place
Austin, Tx 78704

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

oral surgeon

10 Employer (See Instructions)

Self

Date

11/30/09

Full name of contributor

☐ out-of-state PAC (ID#)

Dr. Ben Smithers

Contributor address; City; State; Zip Code

2130 Melridge Place
Austin, Tx 78704

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

dentist retired

Employer (See Instructions)

Self-retired

Date

11/30/09

Full name of contributor

☐ out-of-state PAC (ID#)

Dana DeBeauvoir

Contributor address; City; State; Zip Code

2130 Melridge Place
Austin, Tx 78704

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Co. Clerk

Employer (See Instructions)

Travis County

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

DeBeauvoir

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/3/09

5 Payee name

Travis Co. Democratic Party

6 Payee address; City; State; Zip Code

7 Amount (\$)

\$1,250.00

8 Purpose of payment (See instructions regarding type of information required.)

Filing fee

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Dana DeBeauvoir

Travis County Clerk

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED